



PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

36822 7590 10/12/2007
GORDON & JACOBSON, P.C.
60 LONG RIDGE ROAD
SUITE 407
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01/10/2008 HDENE552 00000001 10666707

01 FC:2501 720.00 OP
02 FC:1504 300.00 OP
03 FC:8001 3.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/666,707 | 09/19/2003 | Ralph de la Torre | MED-019 | 1994 |

TITLE OF INVENTION: PERICARDIAL RETRACTOR

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$720 | \$300 | \$0 | \$1020 | 01/14/2008 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| PRIDDY, MICHAEL B | 3733 | 600-204000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gordon & Jacobson, PC

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medcanica, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Miami, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 1 (one)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

David P. Gordon

Date

1-7-08

Typed or printed name

David P. Gordon

Registration No.

29,996

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ralph de la Torre et al.

Group Art Unit: 3733

Serial No.: 10/666,707

Examiner: Priddy, Michael B.

Filed: September 19, 2003

Attorney Docket: MED-019

Title: Pericardial Retractor

I hereby certify that this correspondence is being deposited on this day with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

David P. Gordon
David P. Gordon
Reg. No. 29,996

1-7-08
Date

Honorable Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

ISSUE FEE TRANSMITTAL

Enclosed herewith please find a properly completed form PTOL 85b and an issue fee check of **\$1023** (which includes the issue fee of **\$720**, a **\$300** publication fee, plus **\$3** fee for one advance order copy) to the order of the Commissioner of Patents and Trademarks. This transmittal is timely in nature. Please be advised that the formal drawings are being/have been submitted under separate cover.

The undersigned believes that this submittal together with the formal drawings completes the requirements for the issuance of a patent. If any additional fees are due or any refund due, please charge or credit them to my deposit account number 07-1732. If anything remains outstanding, please advise immediately so that delays and fees can be avoided.

Respectfully submitted,

David P. Gordon

David P. Gordon
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Attorney for Applicant(s)

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